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5	UNITED STATES DISTRICT COURT
6	EASTERN DISTRICT OF WASHINGTON
7	KAYLYNN (EADIE) THOMAS,)
8	Plaintiff, NO. CV-11-0265-WFN
9	-vs- ORDER GRANTING
10	CAROLYN W. COLVIN, Commissioner of Social Security,) DEFENDANT'S MOTION FOR SUMMARY JUDGMENT
11	Defendant.
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13	Before the Court are cross-Motions for Summary Judgment (ECF Nos. 21 and 26).
14	Attorney William Kirsch represents Plaintiff Thomas; Special Assistant United States
15	Attorney Michael Howard represents Defendant. After reviewing the administrative record
16	and the briefs filed by the parties, the Court denies Plaintiff's Motion for Summary Judgment,
17	and grants Defendant's Motion for Summary Judgment.
18	BACKGROUND
19	Plaintiff filed a claim on December 6, 2006, alleging an onset of disability as of June 1,
20	2001. The claim was initially denied on February 20, 2007, and upon reconsideration on
21	April 12, 2007. Plaintiff was granted a hearing on June 17, 2009, before Administrative Law
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23	¹ Carolyn W. Colvin became the Acting Commissioner of Social Security on
24	February 14, 2013. Pursuant to Rule 25(d) of the Federal Rules of Civil Procedure, Carolyn
25	W. Colvin is substituted for Michael J. Astrue as the defendant in this suit. No further action
26	need be taken to continue this suit by reason of the last sentence of 42 U.S.C. § 405(g).
	ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY JUDGMENT - 1

Judge (ALJ) Chester. Plaintiff and ME Psychologist Moore testified at this hearing. The ALJ ordered a psychological consultive examination (ECF No. 10-2 at 1139). An additional hearing was then held September 22, 2009. ME Psychologist Moore and the Plaintiff testified again. A partially favorable decision was issued on September 25, 2009, finding Plaintiff eligible for SSI from December, 2006, through March of 2009. The ALJ concluded that on April 1, 2009, Plaintiff's physical and mental health impairments improved medically to the degree that she was no longer disabled. This appeal followed. This Court has jurisdiction pursuant to 42 U.S.C. § 405(g).

STANDARD OF REVIEW

In *Edlund v. Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001), the court set out the standard of review:

The decision of the Commissioner may be reversed only if it is not supported by substantial evidence or if it is based on legal error. *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999). Substantial evidence is defined as being more than a mere scintilla, but less than a preponderance. *Id.* at 1098. Put another way, substantial evidence is such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. *Richardson v. Perales*, 402 U.S. 389, 401 (1971). If the evidence is susceptible to more than one rational interpretation, the court may not substitute its judgment for that of the Commissioner. *Tackett*, 180 F.3d at 1097; *Morgan v. Commissioner of Social Sec. Admin*. 169 F.3d 595, 599 (9th Cir. 1999).

The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and resolving ambiguities. *Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir. 1995). The ALJ's determinations of law are reviewed *de novo*, although deference is owed to a reasonable construction of the applicable statutes. *McNatt v. Apfel*, 201 F.3d 1084, 1087 (9th Cir. 2000).

Id.

It is the role of the trier of fact, not this court, to resolve conflicts in evidence. *Richardson*, 402 U.S. at 400. If evidence supports more than one rational interpretation, the court may not substitute its judgment for that of the Commissioner. *Tackett*, 180 F.3d at 1097; *Allen v. Heckler*, 749 F.2d 577, 579 (9th Cir. 1984). Nevertheless, a decision

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supported by substantial evidence will still be set aside if the proper legal standards were not applied in weighing the evidence and making the decision. *Brawner v. Secretary of Health and Human Services*, 839 F.2d 432, 433 (9th Cir. 1988). If substantial evidence exists to support the administrative findings, or if conflicting evidence exists that will support a finding of either disability or non-disability, the Commissioner's determination is conclusive. *Sprague v. Bowen*, 812 F.2d 1226, 1229-1230 (9th Cir. 1987).

SEQUENTIAL PROCESS

The Commissioner has established a five-step sequential evaluation process for determining whether a person is disabled. 20 C.F.R. §§ 404.1520(a), 416.920(a); see Bowen v. Yuckert, 482 U.S. 137, 140-42 (1987). In steps one through four, the burden of proof rests upon the claimant to establish a prima facie case of entitlement to disability benefits. Tackett, 180 F.3d at 1098-99. This burden is met once a claimant establishes that a physical or mental impairment prevents him from engaging in his previous occupation. 20 C.F.R. §§ 404.1520(a)(4), 416.920(a)(4). If a claimant cannot do his past relevant work, the ALJ proceeds to step five, and the burden shifts to the Commissioner to show that (1) the claimant can make an adjustment to other work; and (2) specific jobs exist in the national economy which claimant can perform. Batson v. Commissioner of Social Sec. Admin., 359 F,3d 1190, 1193-94 (2004). If a claimant cannot make an adjustment to other work in the national economy, a finding of "disabled" is made. 20 C.F.R. §§ 404.1520(a)(4)(I-v), 416.920(a)(4)(I-v).

If a person is found to be disabled, a seven-step sequential process is used to determine whether the disability continues through the date of the ALJ's decision: (1) Is there an impairment or combination of impairments that meets or equals the severity of a listed impairment? (2) If there is no such impairment, has there been medical improvement? (3) If there has been medical improvement, is it related to ability to do work, i.e., has there been an increase in the residual functional capacity based on the impairment that was present

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at the time of the most recent favorable medical determination? (4) If there has been no medical improvement or the medical improvement is not related to an ability to work, then the ALJ must examine the exceptions found in paragraphs (b)(3) and (b)(4) of § 416.994. If one of the exceptions under (b)(3) applies, the analysis continues to the next step. If one of the exceptions under (b)(4) applies, the person's disability ends. If none apply, then disability continues. (5) If medical improvement is related to ability to do work or if one of the exceptions in paragraph (b)(3) applies, then the ALJ must determine whether all current impairments in combination are severe. (6) If severe impairments are found, then a determination will be made whether the claimant can perform past relevant work. (7) If unable to perform past relevant work, then a determination will be made whether, given the residual functional capacity assessment and considering age, education and past work experience, other work can be performed.

STATEMENT OF FACTS

The facts of the case are set forth in detail in the transcript of proceedings, and are briefly summarized here. Plaintiff was 51 years old at the time of her hearings before the ALJ. She graduated from college with bachelor degrees in biology, exercising science and biochemistry.

ADMINISTRATIVE DECISION

At step one, the ALJ determined that Plaintiff performed some part time work from December 1, 2006, to March 31, 2009, but the work did not constitute substantial gainful employment. At step two, the ALJ concluded that Plaintiff had the following severe impairments: degenerative disk disease, asthma, diabetes, morbid obesity, a mood disorder, and an anxiety-related disorder. At step three, the ALJ found that Plaintiff did not have an impairment or combination of impairments that met or medically equaled any of the listed impairments described at 20 C.F.R. Part 404, Subpart P, Appendix 1(20 CFR 404.1520(d), 404.1525, 404.1526).

At step four, the ALJ found that from December 1, 2006, through March 31, 2009, Plaintiff had the residual functional capacity to perform the full range of sedentary work as defined in 20 CFR416.967(a), except she would have been unable to reliably sustain work for 8 hours a day, 5 days per week, or an equivalent schedule. The ALJ further found that from the dates listed above, Plaintiff's statements concerning the limiting effects of her symptoms were generally credible. Additionally, the ALJ concluded that though opinions of the state agency medical and psychological consultant assessments were to the contrary, he was convinced that Plaintiff was more disabled than originally thought. The ALJ relied upon Plaintiff's DSHS application in 2006 and 2007 which opined that Plaintiff was unable to lift at least 2 pounds or unable to stand and/or walk and that psychologically she had mild limitation in cognitive factors and moderate limitation in social factors. The ALJ then determined that Plaintiff was unable to perform past relevant work.

At step five, the ALJ considered Plaintiff's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR 404, Subpart P, Appendix 2. The ALJ concluded that from December 1, 2006, through March 31, 2009, Plaintiff was disabled.

The ALJ then considered whether Plaintiff's disability continued through the date of his decision. In great detail, the ALJ outlined that medical improvement had occurred as of April 1, 2009. The ALJ also found that as of April 1, 2009, (1) Plaintiff has not had an impairment or combination of impairments that meets or medically equals one of the impairments listed in 20 CFR Part 404, Subpart P, Appendix 1, that (2) Plaintiff has had the residual functional capacity to perform the full range of work as defined in 20 CFR 416.967(b), (3) that the medical improvement that occurred is related to the ability to work, and (4) that Plaintiff has been capable of performing past relevant light work as a deli clerk, a hotel clerk, a research assistant, a tutor, a garment sorter and that listed work does not

require the performance of work-related activities precluded by Plaintiff's current residual functional capacity.

ISSUES FOR REVIEW

The Court begins by noting, as the Defendant noted, that Plaintiff's legal arguments do not match the issues framed earlier in her brief. Additionally, the Court notes that Plaintiff's arguments are often unorganized and scattered throughout the brief, making a review of Plaintiff's claims more difficult. The Court will address Plaintiff's developed arguments.

I. Alleged Error at Step Three.

Plaintiff contends that the ALJ erred at step three of his analysis. At step three, the ALJ found that Plaintiff's degenerative disk disease did not meet or equal the criteria of section 1.04 of the listing of impairments from December 1, 2006, through March 31, 2009. Plaintiff contends this finding was in error as "Plaintiff's spine, 'meets,' and 'equaling' a listing" [sic] (ECF No. 21-1 at 14). In support of her position, Plaintiff argues that her back condition has been diagnosed as cauda equina syndrome and failed back syndrome. Plaintiff overstates her position, as the medical report that Plaintiff cites from 2006 states that "symptoms suggest the possibility of cauda equina syndrome Other positive CEDC factors include low back pain worse with activity and 'failed back syndrome'" (ECF No. 9-11 at 548). Plaintiff also argues that the ALJ failed to consider whether Plaintiff's combination of impairments met or equaled the criteria of section 1.04 of the listing of impairments from December 1, 2006, through March 31, 2009 (specifically, combining her obesity, back and mental illness).

As Defendant states in its response, (1) Plaintiff focuses on back pain before her 2008 lower back fusion and that (2) the ALJ found that Plaintiff was disabled during that period. Defendant argues that Plaintiff fails to show harmful error because Plaintiff was ultimately found to be disabled before her back fusion.

The Court agrees with Defendant. Even assuming the ALJ erred, Plaintiff has failed to show any harmful error as the step three analysis focused on a time period when the Plaintiff was deemed to be disabled. Accordingly, any failure in the ALJ's step three analysis is inconsequential to the ultimate conclusion that Plaintiff was disabled during this time period.

II. Medical Improvement

Plaintiff begins by reiterating that when determining whether medical improvement has occurred, the issue is "not whether the claimant has suffered from the same medical problem she had when benefits were awarded, but whether the severity of the problem has decreased sufficiently to enable her to engage in substantial gainful activity." *Ware v. Commissioner of Social Security*, 439, F.3d 1009 (9th Cir. 2006). Plaintiff contends that the ALJ erred by finding medical improvement. In support of her position, Plaintiff cites to the September 22, 2009, hearing where Plaintiff stated that she cannot walk for more than two blocks without taking a break due to pain in her back. Additionally, Plaintiff argues that there has been no psychological medical improvement either, citing to ARNP Fitzpatrick's response to counsel's written questions in September of 2009. Finally, Plaintiff relies on SSR 82-66 for the position that medical development was required for a retroactive cessation date.²

Defendant responds by arguing that the evidence supports the ALJ's finding of medical improvement. First, Defendant notes that both Plaintiff and Dr. Tohmeh acknowledge that Plaintiff's back surgery was a success. At the 2009 hearing, Plaintiff stated

²Social Security Rulings are issued to clarify the Regulations and policy. They are not published in the federal register and do not have the force of law. However, under the case law, deference is to be given to the Commissioner's interpretation of the Regulations. *Ukolov v. Barnhart*, 420 F.3d 1002 n.2 (9th Cir. 2005).

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ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY JUDGMENT - 8

that she did not have any discomfort in her back, though she did have lifting, turning, and walking restrictions (ECF No. 9-2 at 77). Dr. Tohmeh noted in March of 2009, that Plaintiff was doing "very well" following surgery and she should "continue activities as tolerated" and "start therapy." (ECF No. 9-15 at 1068). In August, 2009, Dr. Tohmeh noted that Plaintiff had low back pain and neck pain. However, it was also noted that Plaintiff was depressed and that her depression influences the way she feels pain (ECF No. 9-15 at 1131). The Court concludes that the ALJ did not err when it found "medical improvement" in Plaintiff's back.

Defendant also argues that there was substantial evidence to support the ALJ's conclusion that Plaintiff experienced psychological medical improvement. ARNP Gibson's medical progress report of April 23, 2008, noted pain improvement, no mood symptoms, only slight anxiousness, no symptoms of hypomania or suicidal ideation (ECF No. 9-12 at 686). The ALJ further cited to progress notes of June 12, 2008, July 23, 2008 and January of 2009 (ECF Nos. 9-12 at 687, 9-12 at 780, 9-12 at 785). Consistently, Plaintiff is described as not manic or only slightly manic, with no thoughts of suicide, and little to no anxiety during the day. The ALJ also referenced Dr. Alexander and Dr. Moore's reports in support of his position. The Court again agrees with Defendant.

Finally, Defendant addresses Plaintiff's reliance on SSR 82-66 for the position that medical development was required for a retroactive cessation date. Defendant begins by noting that SSR 82-66 is off point as it addresses clear-cut medical improvement cases. Defendant is correct. The ALJ did not consider this case a clear-cut medical improvement case. Rather, the ALJ reviewed and cited to the developed medical record. There is substantial medical evidence in support of the ALJ's finding of medical improvement.

III. Ability to Perform Light Work.

Next, Plaintiff argues that the ALJ erred when he found that Plaintiff was capable of performing light work as of April 1, 2009. Plaintiff again focuses on ARNP Fitzpatrick

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for her conclusions that Plaintiff could only work 2 hours a day due to her physical limitations.

Defendant responds by pointing out that ARNP Fitzpatrick is not an "acceptable medical source" pursuant to 20 C.F.R. § 416.913(a). Defendant further points out that ARNP Fitzpatrick's opinion is contradicted by Dr. Tohmeh's records and Plaintiff's own statements that stress her emotional issues are the source of what prevents her from working full-time ("Q: Are you able to work the job full-time? A: No. Q: How come? A: Because of the stress level") (ECF Nos. 9-2 at 68 and 80).

The Court concludes that the ALJ did not err. There is substantial medical evidence to support the position that Plaintiff had the residual functional capacity to peform the full range of light work on April 1, 2009.

IV. Plaintiff's Credibility.

In a scattershot approach, Plaintiff contends at different points in her Motion that the ALJ erred when he challenged Plaintiff's credibility and that the ALJ failed to make clear and convincing reasons for finding Plaintiff less than credible. In response, Defendant begins by contending that "clear and convincing" is the wrong standard, and that the proper standard is whether the ALJ credibility findings are "supported by the record" and specific, thereby allowing a meaningful review.

The Court agrees with Plaintiff that where there is objective medical evidence of an underlying impairment which could reasonably be expected to produce the symptoms alleged, and there is no evidence of malingering, then the ALJ must give "specific, clear and convincing reasons" in order to reject the Plaintiff's testimony about the severity of the symptoms. Molina v. Astrue, 674 F.3d 1104, 1122 (9th Cir. 2012). However, the Court also concludes that the ALJ used the proper framework and presented specific, clear and convincing reasons in finding Plaintiff's statements concerning the intensity, persistence and limiting effects of her symptoms not credible. Specifically, despite Plaintiff's alleged

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problems being around others, the ALJ noted that Plaintiff had no difficulty with one-on-one interactions at her job, and that she interacts reasonably well with co-workers and employers (ECF No. 9-2 at 72, 85, 1108). The ALJ also specifically noted Plaintiff's daily living which included her ability to cook, do laundry and perform household chores. Finally, the ALJ noted an extensive list of reasons that Plaintiff's residual functional capacity allowed her to perform light work as of April 1, 2009. Id. The Court finds no error with the ALJ's reasoning.

V. Consideration of the Medical Expert's Opinions.

Plaintiff contends that the ALJ erred in providing controlling weight to Dr. Moore's opinion. Specifically, Plaintiff argues that Dr. Alexander, the treating physician, was in a better position to give an accurate medical opinion. Defendant responds by first contending that the ALJ never stated that he gave Dr. Moore's opinion controlling weight. Defendant does acknowledge that the ALJ failed to specify the weight he was giving the opinion, but that such a failure is harmless error. Defendant also concedes that generally examining opinions are often entitled to more weight, but this is not always true. In the present case, the ALJ gave more weight to Dr. Moore's opinion because Dr. Alexander's opinion (that Plaintiff has moderate to marked limitations in her ability to interact appropriately with the public, coworkers and supervisors, was inconsistent with Plaintiff's self reports of her work activities. In contrast, Dr. Moore's opinion was consistent with the evidence. The medical record also shows great improvement in Plaintiff's depression and anxiety after she stopped taking narcotic pain medication, again consistent with Dr. Moore's opinion. Finally, Defendant argues that even if the ALJ erred in failing to accept Dr. Alexander's additional limitations due to Plaintiff's ability to interact appropriately with others, it is harmless error, as according to the Dictionary of Occupational Titles, there are numerous positions that do not involve significant contact with people (ECF No. 26 at 26). The Court agrees with Defendant. The ALJ appropriately considered

all of the medical evidence in his decision to give Dr. Moore's opinion greater weight than Dr. Alexander's.

VI. Plaintiff's Participation in a Vocational Rehabilitation Program.

Finally, Plaintiff contends that ceasing benefits while Plaintiff was in a state vocational rehabilitation program is contrary to 20 CFR § 416.2201 and is legal error.³ Plaintiff fails to do more than generally cite the above CFR while also contending that the record does not specifically answer the question of whether Plaintiff's work was within the approved VA plan. The Court begins by noting that 20 CFR § 416.2201 is not on point with Plaintiff's position.

Defendant's response is more illuminating on the issue. First, Defendant states that Plaintiff cited to the incorrect CFR and that the relevant CFR is 20 CFR § 416.1338. That regulation states, in part, that a person's "benefits may continue even when an impairment is no longer disabling . . . if . . . [the person is] participating in an appropriate program of vocational rehabilitation services . . . and . . . [the] completion of the program, or . . . continuation in the program for a specified period of time, will increase the likelihood that [the person] will not have to return to the disability . . . rolls." § 416.1338(a). However, Defendant points out that the regulation does not state that an ALJ cannot find a person's disability has ceased if she is participating in a vocational rehabilitation program. Rather, it prevents the termination of benefits while a non-disabled person is participating in a vocational rehabilitation program.

Defendant continues, arguing that the determination of whether Plaintiff is entitled to continued benefits after Plaintiff's disability ceased was not properly before the ALJ or this Court. Specifically, Defendant cites to POMS DI 14505.10(A) which

³Plaintiff also generally cites to 20 CFR § 416.22101, which the Court assumes is a scrivener's error.

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determining disability cessation, and the Office of Disability Operations, which is responsible for determining continuing eligibility for benefits. Defendant contends that the ALJ was responsible for determining whether or not Plaintiff was still disabled, but not whether Plaintiff was entitled to continued benefits. It is Defendant's contention that Plaintiff is free to raise the issue administratively that she is entitled to continued benefits if she believes she is still entitled to benefits as a non-disabled person.

In Plaintiff's reply, she relies upon Leschniok v. Heckler, 713 F.2d 520 (9th Cir. 1983), for the position that the Secretary may not terminate or suspend benefits upon cessation of a person's disability if the person is participating in an approved vocational rehabilitation program and the Commissioner of Social Security determines that the completion of such program will increase the likelihood that the person may be permanently removed from the disability benefit rolls. *Id.* at 521. The Court notes that this language mirrors 20 CFR §416.1338.

- (a) When may your benefits based on disability or blindness be continued? Your benefits based on disability or blindness may be continued after your impairment is no longer disabling, you are no longer blind as determined under § 416.986(a)(1), (a)(2) or (b), or your disability has ended as determined under § 416.987(b) and (e)(1) in an age-18 redetermination, if-
- (1) You are participating in an appropriate program of vocational rehabilitation services, employment services, or other support services, as described in paragraphs (c) and (d) of this section;
- (2) You began participating in the program before the date your disability or blindness ended; and
- (3) We have determined under paragraph (e) of this section that your completion of the program, or your continuation in the program for a specified period of time, will increase the likelihood that you will not have to return to the disability or blindness benefit rolls.
- (c) What is an appropriate program of vocational rehabilitation services, employment services, or other support services? An appropriate program of vocational rehabilitation services, employment services, or other support services means-

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IT IS ORDERED that:

(2) A program that is carried out under an individualized plan for employment with-

(i) A State vocational rehabilitation agency (i.e., a State agency administering or supervising the administration of a State plan approved under title I of the Rehabilitation Act of 1973, as amended (29 U.S.C. 720-751)) under 34 CFR part 361.

In Social Security cases, the ALJ has a special duty to fully and fairly develop the record and to assure that the claimant's interests are considered." *Smolen v. Chater*, 80 F.3d at 1288 (citation omitted). This duty exists regardless of whether the claimant is represented by counsel. *Celaya v. Halter*, 332 F.3d 1177, 1183 (9th Cir. 2003). The duty to develop the record is triggered when the record is inadequate. *Mayes v. Massanari*, 276 F.3d 453, 459-460 (9th Cir. 2001).

Nevertheless, the Court agrees again with Defendant's conclusion. The determination of whether Plaintiff is entitled to continued benefits after Plaintiff's disability ceased was not properly before the ALJ and is not before this Court. The ALJ was tasked with concluding whether or not Plaintiff was disabled. Plaintiff cites to no authority, nor is the Court aware of any authority, prohibiting the ALJ from concluding that Plaintiff is not disabled because she is participating in a vocational rehabilitation program. The Court also notes that Plaintiff has not shown, nor has she even alleged that she is entitled to continuing benefits through her vocational rehabilitation program. 20 CFR §416.1338(c)(2) & (3) require that the vocational rehabilitation be "appropriate." For Plaintiff's work to qualify, the state vocational rehabilitation agency's program must be "carried out under an individualized plan for employment." *Id*.

CONCLUSION

Having reviewed the record and the ALJ's findings, the Court concludes the ALJ's decision is supported by substantial evidence, is not based on legal error, and any potential errors are harmless. Accordingly,